

216988

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter  
John Doe dba Doe's Limo

RECEIVED

MAY 29 2008

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

Herbert Harrison  
DBA

ORS  
T, T, W, W/W

DOCKET

NUMBER: 2009-214-T

Herbert Harrison

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was Assigned and should be entered above.

(Please type or print)

Submitted by: Herbert Harrison Telephone: 843-670-7627  
Address: 8724 Silver Creek Ln Fax: \_\_\_\_\_  
North Charleston, SC Other: \_\_\_\_\_  
29420 Email: \_\_\_\_\_

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi  | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input checked="" type="checkbox"/> Request <u>Expedite</u>            |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

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PSC SC  
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

723-069

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
ATTN: DOCKETING DEPARTMENT  
101 EXECUTIVE CENTER DRIVE  
COLUMBIA, SOUTH CAROLINA 29210  
(Mailing address: Post Office Box 11649, Columbia, SC 29211)  
Office # (803) 896-5100 - Fax # (803) 896-5199

**RECEIVED**

MAY 29 2009

**ORS**  
**T, T, W, W/W**

CLASS C - TAXI

DATE 5-28, 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY  
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Herbert Harrison dba Herbert Harrison

2. (a) Street Address of Applicant 8724 Silver Creek Ln

North Charleston, SC 29420

(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number 843-670-7627

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:  
Month: MAY Year: 2009

<b>Assets:</b>	
Cash	<u>500</u>
Receivables	
Real Estate	
Buildings and Equipment-Net	<u>1000</u>
Motor Vehicles-Net	<u>4800</u>
Garage Equipment-Net	
Machinery and Tools-Net	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets</b>	<u>6300</u>
<b>Liabilities and Equity:</b>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	
Capital Stock	
Retained Earnings	
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<u>6300</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA.

COUNTY OF Charleston

I, Thur A. Hammond owner Thur A. Hammond OWNER  
(Name of Applicant's Representative) (Title)

of \_\_\_\_\_, the Applicant for the Certificate of Public (Applicant)  
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 28 day of May 2009

Jerry Leland Poston  
(Notary Public)

Thur A. Hammond  
(Signature of Applicant's Representative)

Commission Expires: 2-17-2019

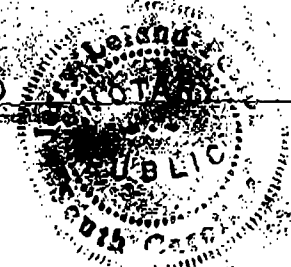


EXHIBIT C

CLASS C

TAXI

CHARTER

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant

Herbert Harrison

For the transportation of passengers as follows:

Area to be served:

State-Wide

Number of passengers:

7,775

Fares:

Based on City of Charleston Ordinance  
\$5.00 per customer in city of Charleston and \$1.00 each  
additional person

Date

5-28-2019

Applicant

Herbert Harrison

Title

Owner

Rev.10/03

## EXHIBIT D

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

## DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	EMPTY WEIGHT	CARRYING CAPACITY *
2001	Dodge	CARVAN 250866	3501	7
2002	Dodge	CARVAN 653862	3501	7
1999	Ford	WINDSTAR 443641	3501	7
1994	Lincoln - Town	CAR 847206	3501	5

\* Seats if passenger carrier.

Herbert Harrison  
(Applicant)

Date: 5-28-2009

Herbert A. Harrison  
(Applicant's Representative)

Driver  
(Title)

**INSURANCE QUOTE**

The following insurance quote is for:

Herbert Harrison

(Name of Motor Carrier)

8724 Silver Creek Ln North Charleston, SC 29420

(Address of Motor Carrier)

**Amount of Premium:**

Liability Insurance

3000.

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Southern United Fire Ins Co

(Insurance Company Name)

Melbourne, FL

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5-28-2009

Date

Jeray Poston

843-407-4090

(Authorized Insurance Company Representative)